

N. B.--Every item of information should be carefully supplied. ACS should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County

June 2nd

07875

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No.

20

Village or City

Pindell M. d

159

## 2 FULL NAME

Russell Anderson

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

m

4 COLOR OR RACE

white

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

July 20, 1931  
(Month) (Day) (Year)

7 AGE

yrs. .... mos. .... ds. ....

If LESS than  
1 day 6 hrs.  
or min.?

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)

## 9 BIRTHPLACE

(State or country)

10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER

(State or country)

12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER

(State or Country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Harry Anderson

(Address)

Pindell M. d

15 Filed

7/21/31

Dr. Gaynor  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 21, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
July 21, 1931 to July 21, 1931  
that I last saw him alive on July 21, 1931and that death occurred on the date stated above, at 5 A.M.  
The CAUSE OF DEATH \* was as follows:

Premature birth

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed)

Dr. Harry Anderson, M. D.

\* State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Balto.

## DATE OF BURIAL

7/21/31

## 20 UNDERTAKER

Russell Anderson Pindell  
Med

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

AUG 1905

BUREAU V. 2

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Cancer, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *A accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07876

## 2. PLACE OF DEATH

County Anne Arundel  
Village or City Annapolis

Length of residence in city or town where death occurred yrs. mos. ds.

131

Registration Dist. No. 31No. 100 MarketSt. 2 Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Boessel(a) Residence: No. 100 MarketSt. 2 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                    |                               |  |
|--------------------|-------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
|--------------------|-------------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Anna V. Boessel

6. DATE OF BIRTH (month, day, and year) July 10<sup>th</sup> 1872

|                        |                  |                |                                  |
|------------------------|------------------|----------------|----------------------------------|
| 7. AGE Years <u>58</u> | Months <u>11</u> | Days <u>21</u> | If LESS than 1 day, hrs. or min. |
|------------------------|------------------|----------------|----------------------------------|

|   |   |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>Watch maker</u> |   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                            |   |
| 10. Date deceased last worked at this occupation (month and year)   | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Annapolis Md.  
(State or country)

|  |
|--|
| 13. NAME <u>Christian Boessel</u>                                  |
| 14. BIRTHPLACE (city or town) <u>Germany</u><br>(State or country) |

|   |
|---|
| 15. MAIDEN NAME <u>Margaret Dolek</u>                                 |
| 16. BIRTHPLACE (city or town) <u>Balti. Md.</u><br>(State or country) |

|  |
|--|
| 17. INFORMANT <u>Anna V. Boessel</u><br>(Address) <u>Annapolis Md.</u> |
|--|

|  |
|--|
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Annapolis</u> Date <u>July 5, 1931</u> |
|--|

|  |
|--|
| 19. UNDERTAKER <u>John W. Taylor</u><br>(Address) <u>Annapolis Md.</u> |
|--|

|  |
|--|
| 20. FILED <u>July 4, 1931</u> <u>1931</u> <u>July 4, 1931</u><br>Registrar |
|--|

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 1

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw h. in alive on July 1, 1931 to July 1, 1931; death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Nephritis  
General Arterio Sclerosis known  
+ Chronic Myocarditis

Date of onset

Not

Other Contributory Causes of importance:

Name of operation None Date of 1931

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1931

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Malton H. Hopkins M. D.  
(Address) Annapolis Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spiriver, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worker on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary, or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrony," "Collapse," "Coma," "Convulsions," "Dedility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory". (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07878

## 1. PLACE OF DEATH

County

A.A.

Village or City

Annapolis

Length of residence in city or town where death occurred

yrs.

mos.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No.

St. 3

Ward

No. 28 Murray Ave

ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Tillman Elizabeth Bowers

(a) Residence: No. 28 Murray Ave St. 3 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

William R. Bowers.

6. DATE OF BIRTH (month, day, end year)

Nov. 29<sup>th</sup> 1865

7. AGE

65

Years

7

Months

13

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Home

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Alexandria Va

MOTHER

FATHER

Frederick Sloffer

Va

13. NAME

Elizabeth Phillips

14. BIRTHPLACE (city or town)  
(State or country)

Va

15. MAIDEN NAME

Elizabeth Phillips

16. BIRTHPLACE (city or town)  
(State or country)

Va

17. INFORMANT

William R. Bowers

(Address)

Annapolis 2nd

18. BURIAL, CREMATION, OR REMOVAL

Pikesville Md.

Date July 15, 1931

19. UNDERTAKER

John M. Taylor

(Address)

Annapolis 2nd

20. FILED

July 14, 1931

Fay C. Joyce M.D.

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July  
(Month)12  
(Day)1931  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 12, 1931, to July 12, 1931  
I last saw him alive on July 12, 1931; death is said  
to have occurred on the date stated above, at 3 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Acute dilatation of heart 5 min Date of onset

Other Contributory Causes of importance:

Acute Indigestion 1da.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Fay C. Joyce M.D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |
|                                |               |
|                                |               |
|                                |               |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |
|                        |               |
|                        |               |
|                        |               |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County Annapolis

Village or City Annapolis (No. Emergency Hosp.)

2 FULL NAME Florence Braxton

## PERSONAL AND STATISTICAL PARTICULARS

|                   |                                |  |
|-------------------|--------------------------------|--|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>Colored</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u><br>(Write the word) |
|-------------------|--------------------------------|--|

6 DATE OF BIRTH June 8, 1903

(Month) (Day) (Year)

7 AGE 28 yrs. 6 mos. 26 ds. If LESS than  
1 day hrs. or min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work unknown  
(b) General nature of industry business, or establishment in which employed or (employer) unknown

9 BIRTHPLACE  
(State or country) Baltimore

10 NAME OF FATHER George Braxton

11 BIRTHPLACE OF FATHER  
(State or country) Ind.

12 MAIDEN NAME OF MOTHER Isabell Garner

13 BIRTHPLACE OF MOTHER  
(State or Country) Ind.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isabell Braxton

(Address) Baltimore

15 Filed July 4, 1923 Frank C. Foy Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

07879

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 21

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 4, 1923

(Month) July (Year) 1923

17 I HEREBY CERTIFY, That I attended the deceased from July 3, 1923 to July 4, 1923

that I last saw him alive on July 4, 1923

and that death occurred on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH \* was as follows:

Incurable Shell  
caused by Automobile accident  
Accident Occurred on South River Road near  
Davidsonville, A. C. Co., Md.

Contributory Secondary (Duration) yrs. mos. ds.

(Signed) John M. Hopkins M. D.  
July 5, 1923 (Address) Annapolis, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) few months

At place of death Ind. yrs. mos. ds. In the State Ind. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Baltimore, Md.

19 PLACE OF BURIAL OR REMOVAL Baltimore DATE OF BURIAL July 5, 1923

20 UNDERTAKER Charles C. Foy

ADDRESS Annapolis

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only where needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom- atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine. Examples: *Accidental drowning*; *Struck by railway train— accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

## 1 PLACE OF DEATH

County Anne Arundel

07880

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 21

183

Village or City Cat Tail Creek (No.)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank Brown

## PERSONAL AND STATISTICAL PARTICULARS

|       |                 |  |
|-------|-----------------|--|
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE,<br>MARRIED,<br>WIDOWED,<br>OR DIVORCED<br>(Write the word) |
| male  | negro           | single   |

## 6 DATE OF BIRTH

unknown, 1  
(Month) (Day) (Year)

## 7 AGE

about 28  
yrs. mos. ds. or min.?If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

laborer

9 BIRTHPLACE  
(State or country)

unknown

10 NAME OF  
FATHER

" "

11 BIRTHPLACE  
OF FATHER

(State or country) " "

12 MAIDEN NAME  
OF MOTHER

" "

13 BIRTHPLACE  
OF MOTHER

(State or Country) " "

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Diggs

(Address) P.O. Severna Park, Md.

15 Filed 7-15 1923 I. G. B. w. m. -  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 15th, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192... to 192...  
 that I last saw h... alive on 192...  
 and that death occurred on the date stated above, at 3 p.m.  
 The CAUSE OF DEATH \* was as follows:  
 Accidental drowning

Contributory  
Secondary

(Duration) yrs. mos. ds.  
 (Signed) I. G. B. w. m. d. M. D.

7-15 1931 (Address) Pasadena, Md.

\*State the Disease Causing Death, or, In deaths from  
 Violent Causes, state (1) Means of Injury and (2) Whether  
 Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
 if not at place of death?

Former or  
 usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Mt. Auburn Cemetery

20 UNDERTAKER Clarence C. Wright

## DATE OF BURIAL

7-16-31

ADDRESS Baltimore

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

(X) 3.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07881

## 1. PLACE OF DEATH

County

Annapolis

(30)

Registration Dist. No.

41

Village or City

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

No. Emergency Hospital St., 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Nora Ruby Brown

(a) Residence: No.

West St

St. 3 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Jesse Q. Brown

6. DATE OF BIRTH (month, day, and year)

Dec 16<sup>th</sup> 1908

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

22

7

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town)  
(State or country)

Georgia

MOTHER FATHER

13. NAME

Caffie Freeland

14. BIRTHPLACE (city or town)

(State or country)

Georgia

15. MAIDEN NAME

Ellen May

16. BIRTHPLACE (city or town)

(State or country)

Tennessee

17. INFORMANT

(Address)

Jesse Q. Brown

Annapolis 744

18. BURIAL, CREMATION, OR REMOVAL

Place

Annapolis

Date July 1, 1931

19. UNDERTAKER

(Address)

John T. Taylor

Annapolis 744

20. FILED

July 1, 1931

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Montreal Academy

## 21. DATE OF DEATH

July

30<sup>th</sup>

1931

(Month)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 2, 1931, to July 30, 1931

I last saw her alive on July 30, 1931; death is said

to have occurred on the date stated above, at 11:25 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis kidney

Date of onset

Other Contributory Causes of importance:

Secondary anemia

Name of operation Hysterectomy Date of May 16, 1931

What test confirmed diagnosis Gynaecological

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? 2nd

If so, specify \_\_\_\_\_

(Signed) Francis D. Gibbs M. D.

(Address) 1234 Dispensary

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operativa," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

131

Registration Dist. No.

07882

26

St.

Ward

## 1. PLACE OF DEATH

County A. A. CountyVillage or City Churchton, Md.

Length of residence in city or town where death occurred yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. Susan A. Brown

Churchton, Md.

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female negro

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

George Brown

6. DATE OF BIRTH (month, day, and year)

Oct 6, 1868

7. AGE

Years  
63Months  
9Days  
15If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

a. a. County

MOTHER FATHER

13. NAME

Charles Grove

14. BIRTHPLACE (city or town)  
(State or country)

a. a. County

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)  
(State or country)

a. a. Co.

17. INFORMANT

(Address)

Emma Stewart

Churchton

18. BURIAL, CREMATION, OR REMOVAL

Place Town Grav. Cemt. Date July 23, 1931

19. UNDERTAKER

(Address)

Ellen H. B. Parker

47 Washington St.

20. FILED

(Address)

July 23, 1931 Geo. T. Deut M. D.  
Keele Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 21, 1931  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

September 19, 30, to July 21, 1931

I last saw h. alive on July 21, 1931; death is said  
to have occurred on the date stated above, at 3:20 P. M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic parenchymatous  
nephritis

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury, 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emily C. Hammond  
(Address) Seth C. Hammond, M. D.,  
Churchton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  
County *A. A.*

Village or City *Oakhurst* (No. *183*) Street *Chesapeake Ave.* Ward *46*

2 FULL NAME *Morgan Butler*

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. *21*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*

4 COLOR OR RACE *colored*

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

*Divorce*

6 DATE OF BIRTH

....., *1*  
(Month) (Day) (Year)

7 AGE *52*

If LESS than  
1 day hrs.  
ds. or min.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work

*Labores*

(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country)

*Oakhurst Co.*

10 NAME OF  
FATHER

*Henry Butler*

11 BIRTHPLACE  
OF FATHER

(State or country)

*St. Marys Co.*

12 MAIDEN NAME  
OF MOTHER

*Matilda Anna*

13 BIRTHPLACE  
OF MOTHER

(State or Country)

*Oakhurst Co.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

*Garrison Butler*

(Address) *183 Chesapeake Ave.*

15 Filed

1923

July 4, 1923

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*July 4*, 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

*July 1*, 1923, to *July 4*, 1923,  
that I last saw him alive on *July 4*, 1923,

and that death occurred on the date stated above, at *10 A.M.*

The CAUSE OF DEATH \* was as follows:

*Carcinoma of rectum*

(Duration) *1* yrs. *0* mos. *0* ds.

Contributory  
Secondary

(Duration) *0* yrs. *0* mos. *0* ds.

(Signed)

*Albathe Anderson* M. D.

*July 4, 1923* (Address)

M. D.

State the Disease Causing Death, or, in death from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death *0* yrs. *0* mos. *0* ds.

In the State *0* yrs. *0* mos. *0* ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

*Amapholis Neck* July 6, 1923

20 UNDERTAKER

*Charles O'Hare Jr. Amapholis*

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urticaria," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is signed over thoroughly and all questions answered in detail, I will prefer further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## STATE OF MARYLAND—CERTIFICATE OF DEATH

07884

## 1. PLACE OF DEATH

County Anne Arundel

173

Registration Dist. No. 30Village or City Anne ArundelSt. WardLength of residence in city or town where death occurred None yrs.No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Thomas Blaggett(a) Residence: No. West River Rd (Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                    |                                 |   |
|--------------------|---------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (write the word) |
|--------------------|---------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

|   |
|---|
| 6. DATE OF BIRTH (month, day, and year) <u>May 30, 1913</u>   |
| 7. AGE <u>18</u> Years <u>2</u> Months <u>12</u> Days <u>0</u> If LESS than<br>1 day, _____ hrs.<br>or _____ min. |

|   |  |
|---|--|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Labour</u> |  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Farm</u>            |  |
| 10. Date deceased last worked at this occupation (month and year) <u>July 18, 1931</u>                    | 11. Total time (years) spent in this occupation <u>3</u> |

|  |
|--|
| 12. BIRTHPLACE (city or town)<br>(State or country) <u>Baltimore, Md</u> |
|--|

|                                  |
|----------------------------------|
| 13. NAME <u>Charles Blaggett</u> |
|----------------------------------|

|  |
|--|
| 14. BIRTHPLACE (city or town)<br>(State or country) <u>Anne Arundel Co</u> |
|--|

|                                       |
|---------------------------------------|
| 15. MAIDEN NAME <u>Katie Blaggett</u> |
|---------------------------------------|

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| 16. BIRTHPLACE (city or town)<br>(State or country) <u>Baltimore, Md</u> |
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|---|
| 17. INFORMANT <u>Herrell Blaggett</u><br>(Address) <u>West River Rd</u> |
|---|

|   |
|---|
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Mt. Hope Cemetery</u> Date <u>July 21, 1931</u> |
|---|

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| 19. UNDERTAKER <u>W. O. Welch</u><br>(Address) <u>Friendly Inn</u> |
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| 20. FILED <u>July 20th, 1931</u> M. D. <u>Clayton</u><br>Registrar <u>Regina</u> |
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July

(Month)

18  
(Day), 1931  
(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_, 19\_\_\_\_.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Homicide Date of Injury July 18, 1931Where did injury occur? Drury, Md Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Shot by pistol in hand of John FrenchNature of injury Shot thru heart

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) James John Hallard Brown M. D.(Address) Tracy Landing, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis               | Date of onset |
|--------------------------------|---------------|
|                                | 1915          |
| Chronic interstitial nephritis | 1921          |

|                     |              |
|---------------------|--------------|
| Cerebral hemorrhage | July 5, 1927 |
|---------------------|--------------|

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B. Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County AnanundalVillage or City Derry Md.

## 2 FULL NAME

Rebecca Roates

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

 Female

4 COLOR OR RACE

 Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED

 Married

(Write the word)

6 DATE OF BIRTH

1900 7, 1833  
(Month) (Day) (Year)

7 AGE

75

yrs.

7

mos.

24

ds.

IF LESS than

1 day

hrs.

or

min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

House wife

(b) General nature of industry business, or establishment in which employed or (employer)

self

9 BIRTHPLACE

(State or country)

MarylandWilliams Owen

X

PARENTS

X

FATHER

WILLIAMS

Owen

X

MOTHER

WILLIAMS

Owen

X

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At home*, and children, not gainfully employed as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect

to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia", (merely symptom- atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train— accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07886

## 1. PLACE OF DEATH

County Anne Arundel  
Village or City Shady Side

159

Registration Dist. No. 20

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Robert Dixon, Jr.

(a) Residence: No.

Shady Side, Md. St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|        |                  |   |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Male   | Negro            | Single  |

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

no

6. DATE OF BIRTH (month, day, end year) June 16, 1931

|        |       |        |      |  |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|        |       |        | 19   |  |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Shady Side, Md.13. NAME Robert Dixon14. BIRTHPLACE (city or town)  
(State or country) Shady Side, Md.15. MAIDEN NAME Erica Woodley16. BIRTHPLACE (city or town)  
(State or country) Shady Side, Md.17. INFORMANT C. E. Hardisty  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Shady Side Date July 2, 193119. UNDERTAKER C. E. Hardisty  
(Address)20. FILED July 2, 1931 W. C. Clayton  
Deputy Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 1, 1931  
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from June 16, 1931 to July 1, 1931I last saw him alive on June 30, 1931; death is said to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Inanition

Date of onset

Other Contributory Causes of importance:

Prematurity

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Emily C. Hardisty M. D.  
(Address) Katherine, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis               | RECEIVED<br>AUG 8 193 | Date of onset |
|--------------------------------|-----------------------|---------------|
| Chronic interstitial nephritis | BUREAU                | 1921          |
| Cerebral hemorrhage            |                       | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

**M** WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N.B.--Every item of information should be carefully supplied. ACE should be dated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Anne Arundel

Village or City Point Pleasant (No.)

07887

STATE OF MARYLAND  
CERTIFICATE OF DEATH

(46)

Registration Dist. No. 23

2 FULL NAME Lloyd A. Durm

Furnace Branch Rd.

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

|       |                 |   |
|-------|-----------------|---|
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE,<br>MARRIED,<br>WIDOWED<br>OR DIVORCED<br>(Write the word) |
| Male  | White           | Single  |

## 6 DATE OF BIRTH

Oct. 10 1871  
(Month) (Day) 1  
(Year)

|       |  |
|-------|--|
| 7 AGE | If LESS than<br>1 day.... hrs.<br>59 yrs. 9 mos. 9 ds. or min. ? |
|-------|--|

|   |         |
|---|---------|
| 8 OCCUPATION<br>(a) Trade, profession or<br>particular kind of work                             | Laborer |
| (b) General nature of industry<br>business, or establishment in<br>which employed or (employer) |         |

|                                    |            |
|------------------------------------|------------|
| 9 BIRTHPLACE<br>(State or country) | Balto. Md. |
|------------------------------------|------------|

|  |                  |
|--|------------------|
| 10 NAME OF<br>FATHER                             | John Durm        |
| 11 BIRTHPLACE<br>OF FATHER<br>(State or country) | Balto. Md.       |
| 12 MAIDEN NAME<br>OF MOTHER                      | Katherine Carson |
| 13 BIRTHPLACE<br>OF MOTHER<br>(State or country) | Balto. Md.       |

|   |                  |
|---|------------------|
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) | Mrs. Joseph Durm |
|---|------------------|

|           |                |
|-----------|----------------|
| (Address) | Point Pleasant |
|-----------|----------------|

|    |   |
|----|---|
| 15 | July 20 1923 James K. Dargan<br>Registrar |
|----|---|

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

July 19, 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

June 15, 1923, to July 18, 1923,  
that I last saw him alive on July 18, 1923,  
and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH was as follows:

Carcinoma of stomach

unknow

Contributory  
Secondary  
Disease  
(Duration) yrs. mos. ds.(Signed) John Esty M. D.  
7/20 1923 (Address) 1319 Light St.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury: and (2) whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. da. In the State, yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence...

## 19 PLACE OF BURIAL OR REMOVAL

Mt. Olivet Cemetery July 21, 1923  
DATE OF BURIAL

## 20 UNDERTAKER

J. F. McConaughy ADDRESS  
130 E Fort

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer*, or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Taborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Taborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup");

*Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," "Influenza," *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., or use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inunition," "Marasmus," "Old Age," "Shock," "Uracnia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will be sufficient to the correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne Arundel 154  
Village or City Harmar

Registration Dist. No. 23

18642

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Premature birth Edwards

(a) Residence: No. Guay Kelly Place Ward. St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                      |                               |   |
|----------------------|-------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>Black</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (Write the word) |
|----------------------|-------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 4 July 1931

|        |       |        |      |  |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than<br>1 day, / hrs.<br>or min. |
|--------|-------|--------|------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife  
9. Industry or business in which work was done, as SAW MILL, SAW MILL, BANK, etc. ✓  
10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Harmar Md13. NAME Herman Gaither  
14. BIRTHPLACE (city or town)  
(State or country) Asots Md15. MAIDEN NAME Pearl Edwards  
16. BIRTHPLACE (city or town)  
(State or country) Baltimore  
Maryland17. INFORMANT Pearl Edwards  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Premises Date 4 July 193119. UNDERTAKER Herman Gaither  
(Address) Green Square Md20. FILED 4 July 1931 Chrlle Woodruff  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 July

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

19 \_\_\_\_\_ to 19 \_\_\_\_\_

19 \_\_\_\_\_

I last saw him alive on 19 \_\_\_\_\_ to 19 \_\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature Birth  
at 7th month

Date of onset

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Housewife(Signed) Lorraine M. Edwards M. D.(Address) Guay Kelly Place

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |            | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis               |            | 1915          |
| Chronic interstitial nephritis | NOV 5 1931 | 1921          |
| Cerebral hemorrhage            |            | July 5, 1927  |
|                                |            |               |
|                                |            |               |
|                                |            |               |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |
|            |             |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |
|                        |            |
|                        |            |
|                        |            |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.---Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Alma Crusoe

82-a  
Village or City Harwood (No. 1)

2 FULL NAME Samuel Oster

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M4 COLOR OR RACE W5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)  
Widowed

6 DATE OF BIRTH

(Month) 1 (Day) (Year)

7 AGE

About 60 yrs.If LESS than  
1 day hrs.  
mos. da. or min.

8 OCCUPATION

(a) Trade, profession or particular kind of work  
(b) General nature of industry business, or establishment in which employed or (employer)

Home Keeper9 BIRTHPLACE  
(State or country)Wagglewood

10 NAME OF FATHER

Samuel Oster11 BIRTHPLACE OF FATHER  
(State or country)Wagglewood

12 MAIDEN NAME OF MOTHER

"13 BIRTHPLACE OF MOTHER  
(State or Country)"

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed 7/26 1931 M. O. Clapp  
RegistrarSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 20St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 25th 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192... to 192...

that I last saw h alive on 192...

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH \* was as follows:

Up physician in attendance  
think possible Cerebral  
hemorrhage  
from disease in heart

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) M. O. Clapp M. D.192... (Address) Locality\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Harwood Md.19 PLACE OF BURIAL OR REMOVAL ButcherDATE OF BURIAL 7/27 193120 UNDERTAKER W. O. WelchADDRESS Friendship Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. This question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis* of lungs, *meninges*, *periosteum*, etc.; *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
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## PLACE OF DEATH

County Anne Arundel

07889 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 27

Village or City Ft. George G. Meade (No. 2)

None

St. Noneward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME JOHN NEWTON FARR, 3rd.

## PERSONAL AND STATISTICAL PARTICULARS

|       |                 |   |
|-------|-----------------|---|
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE,<br>MARRIED,<br>WIDOWED<br>OR DIVORCED<br>(Write the word) |
| Male  | White           | Single  |

## 6 DATE OF BIRTH

January 26, 1930  
(Month) (Day) (Year)

|                      |                            |
|----------------------|----------------------------|
| 7 AGE                | IF LESS than<br>1 day hrs. |
| 1 yrs. 5 mos. 19 ds. | or min.?                   |

|   |        |
|---|--------|
| 8 OCCUPATION<br>(a) Trade, profession or<br>particular kind of work                             | Infant |
| (b) General nature of industry<br>business, or establishment in<br>which employed or (employer) | Infant |

|                                    |                          |
|------------------------------------|--------------------------|
| 9 BIRTHPLACE<br>(State or country) | Ft. George G. Meade, Md. |
|------------------------------------|--------------------------|

|                      |              |
|----------------------|--------------|
| 10 NAME OF<br>FATHER | John N. Farr |
|----------------------|--------------|

|  |         |
|--|---------|
| 11 BIRTHPLACE<br>OF FATHER<br>(State or country) | Indiana |
|--|---------|

|                             |                       |
|-----------------------------|-----------------------|
| 12 MAIDEN NAME<br>OF MOTHER | Thelma Theresa Miller |
|-----------------------------|-----------------------|

|  |                |
|--|----------------|
| 13 BIRTHPLACE<br>OF MOTHER<br>(State or Country) | Baltimore, Md. |
|--|----------------|

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John N. Farr (Father)

(Address) Ft. George G. Meade, Md.

15 Filed July 16 1931 *H. H. BAILY, Col. M.C.*

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

July 15 1931 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Dead when first seen. 1931 to 1931that I last saw him alive on 1931, 1931  
and that death occurred on the date stated above, at 1:20 P.M.  
The CAUSE OF DEATH \* was as follows:

Gastroenteritis, acute, cause undetermined.

Contributory  
Secondary

(Duration) 0 yrs. 0 mos. 1 ds.  
 (Signed) *D. H. Holmes* (Duration) 0 yrs. 0 mos. 0 ds.  
 C. D. HOLMES, Major, M.C., U.S.A. M. D.  
 192 (Address)

\*State the cause of death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 1 yrs. 5 mos. 19 ds. In the State 1 yrs. 5 mos. 19 ds.

Where was disease contracted  
if not at place of death? Contracted at place of death

Former or usual residence Ft. George G. Meade, Md.

19 PLACE OF BURIAL OR REMOVAL  
Ivy Hill Cemetery,  
Laurel, Md.DATE OF BURIAL  
July 17, 193120 UNDERTAKER  
Lloyd KaiserADDRESS  
Laurel, Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE (USING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*; *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County. A. A.

Village or City Sherwood Forest (No.)

2 FULL NAME. Edwin Ward Fisler.

## PERSONAL AND STATISTICAL PARTICULARS

|       |                 |  |
|-------|-----------------|--|
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE,<br>MARRIED,<br>WIDOWED,<br>OR DIVORCED<br>(Write the word) |
| M     | W               | Single   |

## 6 DATE OF BIRTH

Jan 17 1927, 1  
(Month) (Day) (Year)

## 7 AGE

4 yrs. 5 mos. 12 ds. or min.?

IF LESS than

1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work.....  
 (b) General nature of industry business, or establishment in which employed or (employer).....

## 9 BIRTHPLACE

(State or country) Philadelphia, Pa.

## 10 NAME OF FATHER

Norman H Fisler,

## 11 BIRTHPLACE OF FATHER

(State or country) Clayton, N. J.

## 12 MAIDEN NAME OF MOTHER

Ruth E. Ward,

## 13 BIRTHPLACE OF MOTHER

(State or Country) Charleston, S. C.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edwin K. Ward,

(Address) 129 E. Durham Street, Phila.

## 15 Filed

July 12 1923, J. W. C. Joyce, Jr.  
Registrar

07890

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 27

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

July 10, 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

that I last saw h.....alive on....., 192.....

and that death occurred on the date stated above, at.....

The CAUSE OF DEATH \* was as follows:

Accidently Drowned

(Duration) yrs. mos. ds.

Contributory  
Secondary(Signed) Louis M. Hopkins, M.D.  
July 11, 1923 (Address) Annapolis, Md.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

## 19 PLACE OF BURIAL OR REMOVAL

Philadelphia, Pa.

## DATE OF BURIAL

July 12 1923

## 20 UNDERTAKER

B. L. Hopping,

## ADDRESS

Annapolis, Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonacum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sanile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis*, *lethargus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Anne Arundel

Village or City Hampton, Md.

## 2 FULL NAME

Jackson Davis Foreman

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male white

4 COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR DIVORCED  
 (Write the word)  
Widower

6 DATE OF BIRTH

Feb 14, 1875  
 (Month) (Day) (Year)

7 AGE

56 yrs. 5 mos. 8 da. or min?

IF LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work

Labourer

(b) General nature of industry  
business, or establishment in  
which employed or (employer)

Gandy Belt Company

9 BIRTHPLACE  
(State or country)

Baltimore

10 NAME OF  
FATHER

Henry Foreman

11 BIRTHPLACE  
OF FATHER  
(State or country)

Baltimore

12 MAIDEN NAME  
OF MOTHER

Mrs. Brown

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George H. Foreman

(Address) Stoney Run Road

15 Filed

July 23, 1931  
Caldwell Woodruff  
 Registrar

07891

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 23St. Ward)(If death occurred in  
a hospital or institution,  
give its NAME instead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 23, 1931  
 (Month) July (Day) 23 (Year) 1931

17 I HEREBY CERTIFY, That I attended the deceased from  
July 19, 1931 to July 23, 1931,  
 that I last saw him alive on July 20, 1931,  
 and that death occurred on the date stated above, at  
 The CAUSE OF DEATH \* was as follows:

Obstetric  
 (Duration) Part 3-4 years

Contributory  
Secondary(Duration) years months

(Signed) John G. Alexander M. D.  
7/23/31 1931 (Address) Baltimore

\*State the disease causing death, or, in deaths from  
 violent causes, state (1) means of injury and (2) whether  
 accidental, suicidal or homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death years months days  
 In the State years months days

Where was disease contracted,  
 if not at place of death?

Former or  
 usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Mary's Hospital July 25, 1931  
 DATE OF BURIAL

20 UNDERTAKER

Wm. Cook ADDRESS  
1217 St. Paul

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE (USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *liver*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

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## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
Anne Arundel  
County  
Village or City Waterbury (No.)

## 1 PLACE OF DEATH

130

## 2 FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

|       |                 |   |
|-------|-----------------|---|
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE,<br>MARRIED,<br>WIDOWED<br>OR DIVORCED<br>(Write the word) |
| male  | white           | Single  |

## 6 DATE OF BIRTH

July 6<sup>th</sup>, 1905  
(Month) (Day) (Year)

## 7 AGE

26 yrs. 6 mos. 23 days or min. ?  
If LESS than  
1 day.... hrs.

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work..... Farmer

(b) General nature of industry  
business, or establishment in  
which employed or (employer)..... Gen. Farming

## 9 BIRTHPLACE

(State or country) Waterbury, Md

## PARENTS

## 10 NAME OF FATHER

Samuel R. Forney

11 BIRTHPLACE OF FATHER  
(State or country) Baltimore, Md.

## 12 MAIDEN NAME OF MOTHER

Bertha E. Catterton

13 BIRTHPLACE OF MOTHER  
(State or country)

Calvert Co., Maryland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel R. Forney

(Address) Waterbury, Md.

## 15

Filed 7/21 1921 D. J. Forney  
Signature  
Registrar

07892 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 21

St. .... Ward) (If death occurred in  
a hospital or institution, give its NAME instead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

July 29, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
July 5, 1931, to July 29, 1931,  
that I last saw him alive on July 29, 1931,  
and that death occurred on the date stated above, at . . . . . m.

The CAUSE OF DEATH was as follows:

Acute diffuse Nephritis

..... (Duration) yrs. mos. ds.

Contributory Secondary

..... (Duration) yrs. mos. ds.

(Signed) John M. Gaffey M. D.  
July 31, 1931 (Address) Fairlee, Md.

State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury; and (2) whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death . . . . yrs. . . . mos. . . . da.  
In the State, . . . . yrs. . . . mos. . . . da.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

Baldwin Green Cemetery, July 31, 1931

DATE OF BURIAL

20 UNDERTAKER

R. J. Williams Son

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

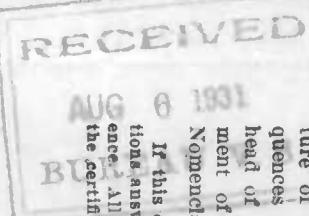
(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Taborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*; *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup");

*Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, membranes, peritonacum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

07893

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne ArundelRegistration Dist. No. 21Village or City Crownsville State Hospital No. 1St. WardLength of residence in city or town where death occurred 1 yrs. 3 mos. 0 ds. How long in U. S. or foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

Annie Gardner

(a) Residence: No. Baltimore City St. Ward

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|        |                  |   |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| female | black            | widowed   |

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Unknown

6. DATE OF BIRTH (month, day, and year)

1859

|        |       |         |      |  |
|--------|-------|---------|------|--|
| 7. AGE | Years | Months  | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|        | 72    | Unknown |      |  |

|   |   |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | None  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |   |
| 10. Date deceased last worked at this occupation (month and year)                           | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME Samuel Willmore, dead14. BIRTHPLACE (city or town)  
(State or country) Unknown15. MAIDEN NAME Henrietta (unknown)16. BIRTHPLACE (city or town)  
(State or country) Unknown17. INFORMANT Hospital Records  
(Address) Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 7-30-193119. UNDERTAKER Mrs. Chas. S. Bailey  
(Address) 1421 Jefferson20. FILED July 30, 1931 Page 6 of 7 a. m.  
Registrar W. H. F. M. F. M. D.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 29th

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from April 29th, 1930, to July 29th, 1931.I last saw her alive on July 29th, 1931; death is said to have occurred on the date stated above, at 12:40 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral arteriosclerosis Date of onset 10 yrs

Other Contributory Causes of importance:

Senility

12 yrs

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address) Crownsville, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

HOSPITAL V.S.

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, IN UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL STATE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Anne ArundelVillage or City Severn (No. ....)

## 2 FULL NAME

Alberta Griffith

92a

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 2

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female.

4 COLOR OR RACE

White.

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Widowed.

6 DATE OF BIRTH

Aug. 13, 1841  
(Month) (Day) (Year)

7 AGE

89 yrs. 11 mos. - ds. or min.?

If LESS than  
1 day, hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work at home.  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

O. O. Co., Md.

## PARENTS

10 NAME OF FATHER

Sarah Humphrey

11 BIRTHPLACE OF FATHER  
(State or country)

O. O. Co., Md.

12 MAIDEN NAME OF MOTHER

Sarah Bell

13 BIRTHPLACE OF MOTHER  
(State or Country)

O. O. Co., Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Henry Allen

(Address)

Severn, Md.

15

July 15, 1931 James H. Haynes  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 15, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

July 12, 1931 to July 15, 1931  
that I last saw her alive on July 12, 1931  
and that death occurred on the date stated above, at 12:55 P.M.

The CAUSE OF DEATH \* was as follows:

Alberta Valvara Dorian of the  
Heart

(Duration) 3 yrs. mos. ds.

Contributory  
Secondary

Alberta Valvara

(Duration) 3 yrs. mos. ds.

(Signed) James S. Bellengale M. D.

(Address) 102 Burnside, Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Friendship M. E. Church

DATE OF BURIAL

July 15, 1931

20 UNDERTAKER

John F. Denny

ADDRESS

Balto. Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *hæmæsis*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07895

## 1. PLACE OF DEATH

County Anne Arundel

151

Registration Dist. No. 36Village or City Churchton

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

col

Divorced

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Unknown

6. DATE OF BIRTH (month, day, end year)

7. AGE

Years

Months

—

Days

—

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

70

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Anne Arundel Co Md

Jacob Gross

14. BIRTHPLACE (city or town)

(State or country)

Ond

Sarah Blum

15. MAIDEN NAME

(State or country)

Ond

Sarah Blum

16. BIRTHPLACE (city or town)

(State or country)

Ond

Ond

17. INFORMANT

(Address)

Ond Gross

Churchton Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Franklin Cemetery Date: July 8, 1931

19. UNDERTAKER

(Address)

T. G. Harely &amp; Son

Salisbury Md

20. FILED

July 7, 1931

See T. G. Harely &amp; Son

M. D.

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July

(Month)

7

(Day)

1931

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 1927 to July 1931; death is said

I last saw him alive on July 15, 1931; death is said

to have occurred on the date stated above, at 5 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Chronic Nephritis

Date of onset

## Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

G. T. Densh

M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

67896

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Crownsville State Hospital

107-a

Registration Dist. No.

St. Ward

Length of residence in city or town where death occurred 5 yrs. 2 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Leroy Hawkins

Prince George's County

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                |                           |  |
|----------------|---------------------------|--|
| 3. SEX<br>male | 4. COLOR OR RACE<br>black | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br>single |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year)  
1914

|              |       |             |           |  |
|--------------|-------|-------------|-----------|--|
| 7. AGE<br>17 | Years | Months<br>? | Days<br>? | If LESS than<br>1 day, ____ hrs.<br>or ____ min. |
|--------------|-------|-------------|-----------|--|

|  |   |
|--|---|
| 8. Trade, profession, or particular<br>kind of work done, as SPINNER,<br>SAWYER, BODKEEPER, etc.<br>None |   |
| 9. Industry or business in which<br>work was done, as SILK MILL,<br>SAW MILL, BANK, etc.                 |   |
| 10. Date deceased last worked at<br>this occupation (month and<br>year)                                  | 11. Total time (years)<br>spent in this<br>occupation |

12. BIRTHPLACE (city or town)  
(State or country)  
Maryland13. NAME  
Unknown14. BIRTHPLACE (city or town)  
(State or country)  
Unknown15. MAIDEN NAME  
Hattie Hawkins, dead16. BIRTHPLACE (city or town)  
(State or country)  
Unknown17. INFDRMANT  
(Address)  
Hospital Records  
Crownsville, Maryland18. BURIAL, CREMATION, OR REMDVAL  
Place: Meadows. Date: 7/9. 3519. UNDERTAKER  
(Address)  
Rector Bros.20. FILED  
7/1/31  
Signature  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 7th

(Month)

1931

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from  
April 24, 1931, to July 7th, 1931.I last saw h. in alive on July 7th, 1931, death is said  
to have occurred on the date stated above, at 3:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Broncho pneumonia

Date of onset  
5 days

Other Contributory Causes of importance:

Imbecility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

(Address) Crownsville, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1928 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County A. A.Village or City Jessup (No. )

## 2 FULL NAME

Mary Dorothy Heinekamp

07897

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 21St.  Ward 

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)FemaleW.Single

## 6 DATE OF BIRTH

JulyAug.19201920

(Month)

(Day)

(Year)

## 7 AGE

## 8 OCCUPATION

(a) Trade, profession or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

## 10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)

## 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or country)

## 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Char. J. Feeler(Address) Jessup Md.15 Filed July 10<sup>th</sup> 1921Registrar Oliver M. Basby

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

July 10<sup>th</sup>

1921

(Month) July (Day) 10 (Year) 1921

17 I HEREBY CERTIFY, That I attended the deceased from July 10<sup>th</sup> 1923 to July 10<sup>th</sup> 1923, that I last saw her alive on July 10<sup>th</sup> 1923, and that death occurred on the date stated above, at 11:30 A.M. The CAUSE OF DEATH \* was as follows:

EpilepsyContributory  
Secondary(Duration) 5 yrs mos dsAc. Card. dil.(Signed) Frank ShipleyM. D. Saratoga St. (Address) July 10<sup>th</sup> 1921

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death years months daysIn the State years months days

Where was disease contracted, if not at place of death?

Former or usual residence 

19 PLACE OF BURIAL DATE OF BURIAL

New Cathedral Bldg July 14, 1921

## 20 UNDERTAKER

ADDRESS Orchard  
Henry St. Jenkins, Jr. 44-46 Hollister St.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs*, *meningitis*, *peri toneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Chopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemic" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1931

BUREAU

## STATE OF MARYLAND—CERTIFICATE OF DEATH

67898

V. S. No. 1 MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County *a a her*  
Village or City *Annapolis Md*

119

Registration Dist. No. 21

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME *Almae Benson*

(a) Residence: No. *93 Water Street*  
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE *female*  
*blond*

S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than  
*Aug 6 1930* 11 24 1 day,      hrs.  
or      min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME *Tenson Benson*14. BIRTHPLACE (city or town) *Broad Creek*  
(State or country) *a a her Md*15. MAIDEN NAME *Gladis Jackson*16. BIRTHPLACE (city or town) *Johns a a her*  
(State or country) *Md a a her*17. INFORMANT *Tenson Benson*  
(Address) *93 Water St Annapolis Md*18. BURIAL, CREMATION, OR REMOVAL  
Place *Broad Creek* Date *July 31 1931*19. UNDERTAKER *Charles E. Jackson Jr*  
(Address) *34 Pathe St Annapolis*20. FILED *July 30, 1931* Day *6* Month *Jul* Year *31*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *July 29*

(Month)

(Day)

1931  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

*7-24-1931* to *7-29-1931*I last saw her alive on *7-29-31*, 1931; death is said to have occurred on the date stated above, at *6:45 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*classical &  
Enteritis*

Date of onset

37/1931

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *6 ft Maloney* M. O.  
(Address) *35 Calvert St. Annapolis*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook, hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I RECEIVED

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | AUG 6 1931   |
| Chronic interstitial nephritis | BUREAU V. 2  |
| Cerebral hemorrhage            | July 5, 1927 |

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

## Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

M. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County Anne Arundel

Village or City Mt. Pleasant (No. at Stoney Creek Beach

2 FULL NAME Edward Everett Hurlburt

07899

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 21

183

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

|       |                 |   |
|-------|-----------------|---|
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE,<br>MARRIED,<br>WIDOWED<br>OR DIVORCED<br>(Write the word) |
| Male  | White           | Married   |

## 6 DATE OF BIRTH

July 31, 1863  
(Month) (Day) (Year)

## 7 AGE

68 yrs. mos. ds. or min?

If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Merchant  
 (b) General nature of industry Dealer in business, or establishment in which employed or (employer) Butter & Eggs

9 BIRTHPLACE  
(State or country)

East Hartford, Conn.

## 10 NAME OF FATHER

Joseph O. Hurlburt

11 BIRTHPLACE OF FATHER  
(State or country)

Conn.

## 12 MAIDEN NAME OF MOTHER

Amelia Hills

13 BIRTHPLACE OF MOTHER  
(State or Country)

Conn.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Harry O. Hurlburt

(Address) 3432 Queen Lane, Phila.

## 15 Filed

7-31 1931 Z. A. D. B.

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

July 31, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
192... to 192..., 192...

that I last saw h alive on , 192..., 192...,

and that death occurred on the date stated above, at 4 p.m.

The CAUSE OF DEATH \* was as follows:

Accidental drowning

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Z. A. D. B. M. D.

7-31 1931 (Address) Pasadena, Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

a. East Hartford, Conn. July 31, 1931

## 20 UNDERTAKER

John F. Denney ADDRESS  
75 Light St

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital"), "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telancten*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1931

BUREAU



# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dyer-laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); "*Typhoid fever*" (never report "Typhoid Pneumonia"); "*Other pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 d.; Bronchopneumonia (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marsasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Renovar wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A list of the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07901

## 1. PLACE OF DEATH

County

Anne Arundel

Registration Dist. No. 26

Village or City

Churchton

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Daniel Hutton

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

col

Widow

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Emma Ely

6. DATE OF BIRTH (month, day, and year)

Unknown 1868

7. AGE Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

63

Unknown

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

June 1931

11. Total time (years)  
spent in this  
occupation

Laborer

12. BIRTHPLACE (city or town)  
(State or country)

Chesapeake

Md

13. NAME

Jacob Hutton

14. BIRTHPLACE (city or town)  
(State or country)

Md

15. MAIDEN NAME

Maria Holland

16. BIRTHPLACE (city or town)  
(State or country)

Md

17. INFORMANT

James Thompson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Placa Franklin Cem. Date July 19, 1931

19. UNDERTAKER

E H B Parker

(Address)

20. FILED

July 18, 1931

Geo. D. Dent, M.D.

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from

July 10, 1931, to July 17, 1931

I last saw him alive on July 17, 1931; death is said

to have occurred on the date stated above, at 10:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Typhoid fever

Other Contributory Causes of Importance:

Unknown

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of injury 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. D. Dent, M.D.

M. D.

(Address) Churchton, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis               | RECEIVED<br>MAY 5 1931  | Date of onset |
|--------------------------------|-------------------------|---------------|
| Chronic interstitial nephritis |                         | 1915          |
| Cerebral hemorrhage            | RECEIVED<br>JULY 5 1927 | July 5, 1927  |

Other contributory causes of importance:

|            |                         |               |
|------------|-------------------------|---------------|
| Gallstones | RECEIVED<br>MAY 1, 1923 | Date of onset |
|            |                         |               |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |               |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
|                 | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07902

## MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne Arundel  
 Village or City Crownsville State Hosp. No. 1  
 Length of residence in city or town where death occurred 15 yrs. 8 mos. 26 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

97

Registration Dist. No. 31

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Rose Jackson

(a) Residence: No.

Baltimore City  
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|        |                  |   |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| female | black            | UNKNOWN   |

5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE of

Unknown

6. DATE OF BIRTH (month, day, and year)

1851

|        |       |        |         |  |
|--------|-------|--------|---------|--|
| 7. AGE | Years | Months | Days    | If LESS than<br>1 day, hrs.<br>or min. |
|        | 80    |        | Unknown |  |

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Cook

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Maryland

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Hospital Records  
(Address) Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Hospital Cemetery Date 7/28 1931

19. UNDERTAKER & R. W. Wrenn & Sons  
(Address) Waterloo, Maryland

20. FILED 7/28 1931 Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 25<sup>th</sup>  
(Month)

(Day)

1931  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
Oct. 29, 1931, to July 25<sup>th</sup>, 1931I last saw her alive on July 25<sup>th</sup>, 1931; death is said  
to have occurred on the date stated above, at 4:10 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cerebral arteriosclerosis

Date of onset  
10 yrs

Other Contributory Causes of Importance:

Senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Address Crowsville, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED                       |              | Date of onset |
|--------------------------------|--------------|---------------|
| Arteriosclerosis               |              | 1915          |
| Chronic interstitial nephritis | AUG 6 1921   | 1921          |
| Cerebral hemorrhage            | BUREAU V. S. | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | Moy 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

| RECEIVED               |  | Date of onset |
|------------------------|--|---------------|
| Attack of epilepsy     |  | 1 week ago    |
| Run over by street car |  | 1 week ago    |
| Peritonitis            |  | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County Anne Arundel

07903  
1398STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 22

Village or City Jessup (No.)

St. Ward

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Johnson

## PERSONAL AND STATISTICAL PARTICULARS

|                 |                            |  |
|-----------------|----------------------------|--|
| 3 SEX<br>Female | 4 COLOR OR RACE<br>Colored | 5 SINGLE,<br>MARRIED,<br>WIDOWED,<br>OR DIVORCED<br>(Write the word)<br>Single |
|-----------------|----------------------------|--|

6 DATE OF BIRTH  
1889  
(Month) (Day) (Year)

7 AGE  
42 yrs. mos. ds. If LESS than  
1 day hrs. or min.?

8 OCCUPATION  
(a) Trade, profession or  
particular kind of work  
Housework  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country)  
Maryland

10 NAME OF  
FATHER  
Thos Graham.

11 BIRTHPLACE  
OF FATHER  
(State or country)  
Md.

12 MAIDEN NAME  
OF MOTHER  
not known

13 BIRTHPLACE  
OF MOTHER  
(State or Country)  
"

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Records. Md H of  
(Address) Jessup, Md.

15 Filed July 10th 1931 Dolara Harold  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 10, 1931, 192  
July (Month) 10 (Day) 1931 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
June 24, 1931, 192 to July 10, 1931, 192

that I last saw her alive on July 10, 1931, 192

and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:  
Chronic bilateral Salpingitis.

(Duration) yrs. mos. ds.  
Contributory Secondary Post-operative shock.

(Signed) J. L. R. Wright M. D.  
7-10-31, 192 (Address) Jessup, Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place 279 In the State  
of death yrs. mos. ds.

Where was disease contracted, In the State  
if not at place of death? Sydney, Md.

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

New Market Cemetery July 17, 1931.

20 UNDERTAKER ADDRESS

G. M. Waltz, Mainfield, Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

**N. B. --** Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County

a-a-

Village or City

Skidmore (No.)

## 2 FULL NAME

Leonard Johnson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Col

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

April 30, 1931  
(Month) (Day) (Year)

7 AGE

2 yrs. 8 mos. 0 ds. or min.

If LESS than  
1 day hrs.  
or min.

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)

## 9 BIRTHPLACE

(State or country) Skidmore a-a Co Ind

10 NAME OF  
FATHER

Walter Johnson

11 BIRTHPLACE  
OF FATHER

(State or country) Skidmore Ind

12 MAIDEN NAME  
OF MOTHER

Mary Allen

13 BIRTHPLACE  
OF MOTHER

(State or Country) Skidmore Ind

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Mary A Johnson  
(Address) Skidmore Ind

## 15 Filed

July 6 1931

Registrar

07964

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 21

St. Ward

(If death occurred in  
a hospital or institution,  
give its NAME in  
stead of street and  
number.)

119

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

July 6, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 3, 1931 to July 6, 1931, that I last saw him alive on July 6, 1931, and that death occurred on the date stated above, at 8 A. m. The CAUSE OF DEATH \* was as follows:

Acute enteritis

(Duration) yrs. mos. ds.

Contributory  
Secondarymalnutrition 7  
undernourished

(Duration) yrs. mos. ds.

(Signed) 95 Willis Martin M. D.

7/6/31 (Address) Baltimore

\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place  
of death yrs. mos. ds.In the  
State yrs. mos. ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Broadneck Cemt-

## DATE OF BURIAL

7. 8, 1931

## 20 UNDERTAKER

E. H. B. Parker

## ADDRESS

47 Wash-85

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary ironman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Brachomeningitis* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a question answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07905

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Crownsville State Hospital No.

Registration Dist. No. 41

St. Ward

Length of residence in city or town where death occurred 15 yrs. 8 mos. 23 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mary Jones

(a) Residence: No. Baltimore City

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                  |                           |  |
|------------------|---------------------------|--|
| 3. SEX<br>female | 4. COLOR OR RACE<br>black | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br>single |
|------------------|---------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) Wife of

Unknown

## 6. DATE OF BIRTH (month, day, and year)

1870

|                       |                   |                 |  |
|-----------------------|-------------------|-----------------|--|
| 7. AGE<br>Years<br>61 | Months<br>Unknown | Days<br>Unknown | If LESS than<br>1 day, ____ hrs.<br>or ____ min. |
|-----------------------|-------------------|-----------------|--|

|   |   |
|---|---|
| 8. Trade, profession, or particular<br>kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc. | Domestic  |
| 9. Industry or business in which<br>work was done, as SILK MILL,<br>SAW MILL, BANK, etc.          | -----   |
| 10. Date deceased last worked at<br>this occupation (month and<br>year)                           | -----   |
|   | 11. Total time (years)<br>spent in this<br>occupation |

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

13. NAME  
Unknown14. BIRTHPLACE (city or town)  
(State or country)

Unknown

15. MAIDEN NAME  
Unknown16. BIRTHPLACE (city or town)  
(State or country)

Unknown

17. INFORMANT  
(Address)

Hospital Records

Brownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Hospital Cemetery Date 1/23, 1931

19. UNDERTAKER  
(Address)

Dr. R. P. Arundale

Crownsville and

20. FILED 1/23, 1931

D. J. Jones  
Register

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 22nd

(Month)

(Day)

, 1931  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
October 29, 1931 to July 22nd, 1931I last saw her alive on July 2, 1931; death is said  
to have occurred on the date stated above, at 11:00 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cerebral arteriosclerosis

Date of onset  
5 Yrs

Other Contributory Causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ----- Date of Injury, 19-----

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

(Address)

Brownsville, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |               |
|--------------------------------|---------------|
| Arteriosclerosis               | Date of onset |
| Chronic interstitial nephritis | 1915          |
| Cerebral hemorrhage            | 1921          |

|   |              |
|---|--------------|
| — | July 5, 1927 |
| — | —            |

|  |               |
|--|---------------|
| Other contributory causes of importance: | Date of onset |
| Gallstones                               | May 1, 1923   |
| —  | —             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

|   |   |
|---|---|
| — | — |
| — | — |

|  |               |
|--|---------------|
| Other contributory causes of importance: | Date of onset |
| Gastroenteritis                          | 1 year        |
| —  | —             |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**— Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepiacæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, icterus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1931

FEDERAL BUREAU OF INVESTIGATION

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07907

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Crownsville State Hospital

Registration Dist. No. 21

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

William Lee

Baltimore City

St. Ward.

(a) Residence: No.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                |                           |  |
|----------------|---------------------------|--|
| 3. SEX<br>male | 4. COLOR OR RACE<br>black | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br>single |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1898

| 7. AGE<br>Years | Months  | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|-----------------|---------|------|--|
| 53              | Unknown |      |  |

|   |   |
|---|---|
| 8. Trade, profession, or particular<br>kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc. | Boot-blacker  |
| 9. Industry or business in which<br>work was done, as SILK MILL,<br>SAW MILL, BANK, etc.          |   |
| 10. Date deceased last worked at<br>this occupation (month and<br>year)                           | 11. Total time (years)<br>spent in this<br>occupation |
|   |   |

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

|   |             |
|---|-------------|
| 13. NAME<br>FATHER                                  | Unknown     |
| 14. BIRTHPLACE (city or town)<br>(State or country) | Unknown     |
| 15. MAIDEN NAME<br>MOTHER                           | Rosetta Lee |
| 16. BIRTHPLACE (city or town)<br>(State or country) | Virginia    |

17. INFORMANT Hospital Records  
(Address) Crownsville, Maryland18. BURIAL, CREMATION, OR REMOVAL  
Place Mt. Auburn Date 7-22, 193119. UNDERTAKER Charles E. Cooper  
(Address) 5147 Calhoun St.20. FILED 7/24, 1931  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 24th

(Month)

(Day)

, 1931  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
July 17th, 1931, to July 24th, 1931I last saw him alive on July 24th, 1931; death is said  
to have occurred on the date stated above, at 7:20 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Mitral regurgitation with  
failure of compensationDate of onset  
?

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *Mark W. Anderson, M.D.*  
(Address) Crownsville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED                       |            | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis               |            | 1915          |
| Chronic interstitial nephritis | AUG 6 1931 | 1921          |
| Cerebral hemorrhage            |            | July 6, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## HEALTH DEPARTMENT—CITY OF BALTIMORE

07968

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Anne Arundel Co.  
 Belmond Tavern Thompson Ave. ST. WARD  
 CITY OF BALTIMORE (No. .... WARD)

2-FULL NAME Randolph Marvel

(a) RESIDENCE NO. Thompson Ave. WARD  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|       |                 |   |
|-------|-----------------|---|
| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
| male  | white           | Single  |

5a If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2, 1931

|       |       |        |      |  |
|-------|-------|--------|------|--|
| 7 AGE | Years | Months | Days | If LESS than<br>1 day, hrs.<br>or min. |
| 1     | July  | 2      |      |  |

Stillbirth

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9 BIRTHPLACE (city or town)  
 (State or country)

10 NAME OF FATHER Frank L. Marvel

11 BIRTHPLACE OF FATHER (city or town)  
 (State or country)

12 MAIDEN NAME OF MOTHER Anna Leiter

13 BIRTHPLACE OF MOTHER (city or town)  
 (State or country)14 Informant Miss Anna Hastings  
 (Address)

15

Filed July 2, 1931

Registrar

 REGISTERED NO. 21  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1931

17

I HEREBY CERTIFY, That I attended deceased from  
 July 2, 1931, to July 2, 1931that I last saw him ~~noon~~ July 2, 1931

and that death occurred, on the date stated above, ut. 12:20 P.M.

The CAUSE OF DEATH\* was as follows:

Still birth

(duration) yrs. mos. ds.

CONTRIBUTORY  
 (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted  
 if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Weintraub, M. D.  
 (Address) 1730 E. Fayette St.  
 , 19

\*State the Disease Causing Death, or in deaths from Violent Causes  
 state (1) Means and Nature of Injury, and (2) whether Accidental,  
 Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Belle Mele

REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH

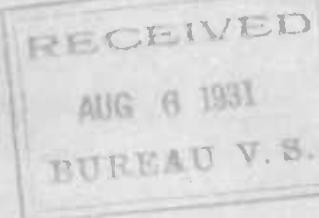
[Approved by U. S. Census and American Public Health Assoc.]

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Fireman*, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "*Laborer*," "*Foreman*," "*Manager*," "*Dealer*," etc., without more precise specifications, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal Mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife*, *House-work* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid the use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia") *Lobar pneumonia*; *Broncho-pneumonia* ("pneumonia," unqualified, is

indefinite); *Tuberculosis* of the lungs, meningitis, peritoneum, etc.; *Carcinoma*, *Sarcoma*, etc., of . . . . (name origin "Cancer" is less definite; avoid use of "Tumor" for (malignant neoplasms); *Measles*; *Whooping cough*, *chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrphy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.) "Drop-sy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "*PUERPERAL septicemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sensit tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN



## STATE OF MARYLAND—CERTIFICATE OF DEATH

07909

## 1. PLACE OF DEATH

County Anne Arundel

65

Registration Dist. No. 26Village or City ChurchtonSt.  Ward Length of residence in city or town where death occurred 1 yrs.Nd.  mos.  ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Howard Clifton Mathews

(a) Residence: Nd.

Churchton, Md. St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                    |                               |  |
|--------------------|-------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>negro</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>(write the word)</u> |
|--------------------|-------------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of no6. DATE OF BIRTH (month, day, and year) July 28, 1930

|                       |                |              |  |
|-----------------------|----------------|--------------|--|
| 7. AGE Years <u>1</u> | Months <u></u> | Days <u></u> | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|-----------------------|----------------|--------------|--|

|   |   |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. <u>none</u> |   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>              |   |
| 10. Date deceased last worked at this occupation (month and year) <u></u>                               | 11. Total time (years) spent in this occupation <u></u> |

12. BIRTHPLACE (city or town) Prince Frederick, Md.  
(State or country)13. NAME Howard Mathews14. BIRTHPLACE (city or town) A. A. County  
(State or country)15. MAIDEN NAME Bernice Gross16. BIRTHPLACE (city or town) A. A. County  
(State or country)17. INFORMANT (Halter)  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Scott Cemetery Date July 31, 193119. UNDERTAKER T. G. Hardisty  
(Address) Galesville20. FILED July 30, 1931 Geo T. Denb MD  
Registr. 

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July  
(Month)28  
(Day)1931  
(Year)22. I HEREBY CERTIFY, That I attended deceased from July 16, 1931 to July 28, 1931. I last saw him alive on July 27, 1931; death is said to have occurred on the date stated above, at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

epilepsy

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Emily C. Hammond M. D.(Address) Lothian, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis               | Date of onset |
|--------------------------------|---------------|
|                                | 1915          |
| Chronic interstitial nephritis | 1921          |

| Cerebral hemorrhage | Date of onset |
|---------------------|---------------|
|                     | July 5, 1927  |

| Other contributory causes of importance: | Date of onset |
|--|---------------|
| Gallstones                               | May 1, 1923   |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

|  |  |
|--|--|
|  |  |
|  |  |

| Other contributory causes of importance: | Date of onset |
|--|---------------|
| Gastroenteritis                          | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07910

## 1. PLACE OF DEATH

County Anne Arundel

145-a

Registration Dist. No. 71Village or City MinneapolisSt. 2

Ward

Length of residence in city or town where death occurred

Yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No. 1120 Welded Lee MattesonSt. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female White

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofClinton Le Roy Matteson

## 6. DATE OF BIRTH (month, day, end year)

Oct 25 - 1903

## 7. AGE

|           |          |      |  |
|-----------|----------|------|--|
| Years     | Months   | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
| <u>27</u> | <u>9</u> |      |  |

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)A. A. Co. Md.

## 13. NAME

C. Ashby DuvalA. A. Co. Md.A. A. Co. Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County Anna Arundel

07911

STATE OF MARYLAND  
CERTIFICATE OF DEATH

21

Registration Dist. No.

Village or City Mt. Carmel (No.)

Long Point Rd.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Julia C. Mc Donald

## PERSONAL AND STATISTICAL PARTICULARS

|        |                 |  |
|--------|-----------------|--|
| 3 SEX  | 4 COLOR OR RACE | 5 SINGLE,<br>MARRIED,<br>WIDOWED,<br>OR DIVORCED<br>(Write the word) |
| Female | White           | Widow  |

6 DATE OF BIRTH

August 13 1870, 1  
(Month) (Day) (Year)

7 AGE  
60 yrs. 11 mos. 9 ds. or min.?

If LESS than  
1 day hrs.

8 OCCUPATION  
(a) Trade, profession or  
particular kind of work  
Homework  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country)

Brooklyn, Md.

10 NAME OF  
FATHER

George N. Potee

11 BIRTHPLACE  
OF FATHER  
(State or country)

Maryland

12 MAIDEN NAME  
OF MOTHER

Sarah M. Roach

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John E. Potee.

(Address) 3611 S. Hanover St.

15 Filed 7-20 1931 Z. A. B. D. C. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
July 20 1931, 192  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
192 to 192, 192,

that I last saw h alive on , 192,

and that death occurred on the date stated above, at 6:45 A.m.  
The CAUSE OF DEATH \* was as follows:

Acute intestinal obstruction

(Duration) yrs. mos. 4 ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.  
(Signed) Z. A. B. D. C. M. D.  
7-20 1931 (Address) Pasadena, Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Cedar Hill, Allentown, July 23, 1931

TO UNDERTAKER

John F. Denny

DATE OF BURIAL

ADDRESS  
715 Light St.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsi*, *leptanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

~~WRITING PLAINLY, IN UNFADEING INK--THIS IS A PERMANENT RECORD~~  
 N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL CONDITION should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
 County Anne Arundel

67912 STATE OF MARYLAND  
 CERTIFICATE OF DEATH  
 Registration Dist. No. 22

82a

Village or City Mayfield (No. 1) Betson & Urban Aves. Sts. Ward 1 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry Merriken Sr.

PERSONAL AND STATISTICAL PARTICULARS

|   |                              |  |
|---|------------------------------|--|
| 3 SEX <u>Male</u>   | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u><br>(Write the word) |
| 6 DATE OF BIRTH <u>DEC. 5</u>   |                              | (Month) (Day) (Year) <u>, 1858</u>   |
| 7 AGE <u>72 yrs. 7 mos. 21</u>  |                              | IF LESS than<br>1 day hrs.<br>ds. or min.<br><u>0 0 0 0</u>                |
| 8 OCCUPATION<br>(a) Trade, profession or particular kind of work <u>JEWELRY ENGRAVER</u><br>(b) General nature of industry business, or establishment in which employed or (employer) <u>MERRIKEN ENG. CO</u> |                              |  |
| 9 BIRTHPLACE<br>(State or country) <u>BALTO. MD</u>   |                              |  |
| 10 NAME OF FATHER <u>FRANCIS M. MERRIKEN</u>  |                              |  |
| 11 BIRTHPLACE OF FATHER<br>(State or country) <u>A. A. Co. MD</u>   |                              |  |
| 12 MAIDEN NAME OF MOTHER <u>NOT KNOWN</u>   |                              |  |
| 13 BIRTHPLACE OF MOTHER<br>(State or country) <u>MD</u>   |                              |  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) <u>Thos. W. Merriken</u><br>(Address) <u>Mayfield, Olentor, Md.</u>   |                              |  |
| 15 Filed <u>July 27, 1931</u> <u>W. D. Jones</u><br>Dep. Official Registrar   |                              |  |

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Su July 26, 1931  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 7/26/31 192... to 7/26/31 192..., that I last saw him alive on 7/26/31 192..., and that death occurred on the date stated above, at 4 p.m.  
 The CAUSE OF DEATH \* was as follows:  
not known. Dead on my arrival, nor seen before death -  
Apoplexy, eight hours. Death (Duration) 8 hrs. (Duration) 8 hrs. (Duration) 8 hrs.  
Contributory arteriosclerosis, generalized.  
Secondary

(Signed) Allen Brown M. D.  
7/26/31 192... (Address) 701 E. 31st Street

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
 At place of death yrs. mos. ds. In the State yrs. mos. ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Woodlawn Cem. DATE OF BURIAL July 28, 1931  
 ADDRESS Orchard  
 20 UNDERTAKER Henry W. Jenkins, Jr. MacCollister

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Trucker* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmor (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia* *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.,* *Carcinoma, Sorexoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *seizis*, *petechæia*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County A. A. Co.

Village or City Gibson Island (No.)

## 2 FULL NAME

John Rulon Miller Jr.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male White

4 COLOR OR RACE

Single,  
Married,  
Widowed,  
Or Divorced  
(Write the word)

Married

5 DATE OF BIRTH

March 11, 1883  
(Month) (Day) (Year)

6 AGE

48 yrs. 4 mos. 7 ds. or min? If LESS than  
1 day hrs.

7 OCCUPATION

(a) Trade, profession or  
particular kind of work

(b) General nature of industry  
business, or establishment in  
which employed or (employer)

8 BIRTHPLACE  
(State or country)9 NAME OF  
FATHER10 BIRTHPLACE  
OF FATHER  
(State or country)11 BIRTHPLACE  
OF MOTHER  
(State or Country)12 MAIDEN NAME  
OF MOTHER

Maryann French

Unknown

Unknown

Unknown

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr. Anna R. T. Miller (a/c)

Gibson Island - Md

(Address)

15 Filed 7-18 1931 R. A. B. Notary

Registrar

07913

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No.

(947)

St. Gibson Island Road Ward

(If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 18<sup>th</sup>, 1931  
(Month) 18 (Day) 1931 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
July 17, 1931, to July 18, 1931,  
that I last saw him alive on July 18, 1931,

and that death occurred on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH \* was as follows:

Coronary thrombosis

few hrs  
(Duration) ... yrs. ... mos. ... ds.

Contributory  
Secondary

Pulmonary edema  
(Duration) few hrs  
... yrs. ... mos. ... ds.

(Signed)

Walter D. White  
M. D.  
July 18, 1931 (Address) 1120 St. Anne St.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Garrison Forest Cemetery, Baltimore, July 20<sup>th</sup>, 1931  
DATE OF BURIAL

20 UNDERTAKER

Heuwall Mortuary  
ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Cold mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Anne Arundel

Village or City Hammarlee Beach

## 2 FULL NAME

Sarah Cordelia Miller

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

Female.

## 4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCEDSingle  
(Write the word)

## 6 DATE OF BIRTH

July 24, 1853  
(Month) (Day) (Year)

## 7 AGE

77 yrs. 11 mos. 10 ds. If LESS than  
1 day hrs. or min.?

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work at home  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

## 9 BIRTHPLACE

(State or country)

10 NAME OF  
FATHER

Maryland.

William Miller.

11 BIRTHPLACE  
OF FATHER

(State or country)

12 MAIDEN NAME  
OF MOTHER

(State or Country)

13 BIRTHPLACE  
OF MOTHER

(State or Country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. R. E. L. Dodge.

(Address) Hammarlee Beach

## 15

Filed July 5

1877 Death Register  
Registrar

07914

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 23

St. \_\_\_\_\_ Ward)

(If death occurred in  
a hospital or institu-  
tion, give its NAME in  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

July 4<sup>th</sup>, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
June 26 1931 to July 4, 1931,  
that I last saw her alive on July 3, 1931,  
and that death occurred on the date stated above, at 9:20 a.m.  
The CAUSE OF DEATH \* was as follows:

Chronic Venereal Disease of the  
Heart.

(Duration) 2 yrs. mos. ds.

Contributory  
Secondary

Cerebral Sclerosis

(Duration) 2 yrs. mos. ds.

(Signed) James S. Bellengolea M. D.  
July 4, 1931 (Address) 12th Street, Balt., Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)At place  
of death yrs. mos. ds.Where was disease contracted,  
if not at place of death?Former or  
usual residenceIn the  
State yrs. mos. ds.

## 19 PLACE OF BURIAL OR REMOVAL

Westminster Maryland July 6, 1931

## 20 UNDERTAKER

Harvey Bankard.

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory". (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07915

## 1. PLACE OF DEATH

(134)

County

a a

Registration Dist. No. 21

Village or City

Annapolis On

No. Emergency Hospital St.

Ward

Length of residence in city or town where death occurred 40 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mary Rosie Minnick

(a) Residence: No. 2231 East Middle Belt St., Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

W

Widowed

5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE of

William H. Minnick

6. DATE OF BIRTH (month, day, and year)

Oct 25-1854

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

76 9 6

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

House work

Date of onset

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

7-30-31

12. BIRTHPLACE (city or town)

New York

(State or country)

MOTHER FATHER

13. NAME

Mary Brown

14. BIRTHPLACE (city or town)  
(State or country)

Other Contributory Causes of importance:

Rheal Colitis

7-29-31

15. MAIDEN NAME

Brown

16. BIRTHPLACE (city or town)  
(State or country)

or -

17. INFORMANT

(Address)

Ben L Hopping

Annapolis Md

Date of

What test confirmed diagnosis? Was there an autopsy? no

18. BURIAL, CREMATION, OR REMOVAL

(Address)

Columbus Park

Date

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

19. UNDERTAKER

(Address)

B. L. Hopping

Annapolis Md

Date of Injury, 19

Where did Injury occur?

Manner of injury

Nature of Injury

20. FILED

(Address)

Aug 2 1931

Frank C. Jones, M.D.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

J. J. Murphy  
Annapolis Md

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07916

## 1. PLACE OF DEATH

County Anne Arundel  
Village or City ChurchtonRegistration Dist. No. 26St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Col5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 0 Months 0 Days 0If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.July 8, 1931

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Me

MOTHER FATHER

13. NAME

Virgil Moulton

14. BIRTHPLACE (city or town)

(State or country)

Md

15. MARION NAME

Marie Rice

16. BIRTHPLACE (city or town)

(State or country)

Me

17. INFORMANT

(Address)

Virgil Moulton

18. BURIAL, CREMATION, OR REMOVAL

Place

Franklin Cem

Date

July 9, 1931

19. UNDERTAKER

(Address)

D. G. HurleyGalesville

20. FILED

Date

July 9, 1931

Geo. D. Dealy, Jr.

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month) July (Day) 8, 1931 Year

22. I HEREBY CERTIFY. That I attended deceased from

, 19\_\_\_\_, to , 19\_\_\_\_.

I last saw h\_\_\_\_ alive on , 19\_\_\_\_; death is said  
to have occurred on the date stated above, at \_\_\_\_ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Stillborn

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

Geo. D. Dealy, Jr.

M. D.

Churchton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County

Anne Arundel Co

07917

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 26

Village or City Severn P.O. (No.)

## 2 FULL NAME

Robert Lee Phelps

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

single

6 DATE OF BIRTH

Oct 14, 1930  
(Month) (Day) (Year)

7 AGE

9 yrs. 9 mos. - ds. or min.?

If LESS than  
1 day hrs.  
or min.?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work \_\_\_\_\_  
 (b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

## 9 BIRTHPLACE

(State or country)

Anne Arundel Co

## 10 NAME OF FATHER

Edward Phelps

## 11 BIRTHPLACE OF FATHER

(State or country)

Anne Arundel Co

## 12 MAIDEN NAME OF MOTHER

Benah M. Hurtt

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Anne Arundel Co

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Edward Phelps

(Address)

Severn P.O. Box

15

July 14 1931 J. Dwyer  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 14, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 7, 1931 to July 14, 1931, that I last saw him alive on July 13, 1931, and that death occurred on the date stated above, at 3-15A. The CAUSE OF DEATH \* was as follows:

acute glaucoma

Exhaustion (Duration) yrs. mos. 7 ds.

Contributory  
Secondary

Exhaustion (Duration) yrs. mos. 2 ds.

(Signed) J. P. Campbell M. D.

July 14, 1931 (Address) 1444 Hancock

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Family Cemetery, Severn July 15, 1931  
ADDRESS

## 20 UNDERTAKER

John F. Dwyer 715 Light St

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory". (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

V. S. No. 1

M.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07918

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Crownsville State Hospital

Registration Dist. No. 251

St. 1

Ward

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Lucy Price

(a) Residence: No. Baltimore City  
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|        |                  |   |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| female | black            | married   |

6a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of

Unknown

6. DATE OF BIRTH (month, day, and year)

1898

|        |       |        |      |                                  |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than                     |
|        | 38    |        |      | 1 day,      hrs.<br>or      min. |

|   |           |
|---|-----------|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Housework |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          | -----     |
| 10. Date deceased last worked at this occupation (month and year)                           | -----     |
| 11. Total time (years) spent in this occupation   |           |

12. BIRTHPLACE (city or town)  
(State or country)

Unknown

13. NAME

Unknown

14. BIRTHPLACE (city or town)  
(State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)  
(State or country)

Unknown

17. INFORMANT

Hospital Records

(Address)

Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place: My casket Date: July 22, 1931

Cause of death: Heart trouble

19. UNDERTAKER

(Address)

Garrison &amp; Daugherty

20. FILED

7/22/31 S. D. Price

(Signature)

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 20th

(Month)

1931  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from July 10th, 1931, to July 20, 1931.

I last saw her alive on July 20th, 1931, death is said to have occurred on the date stated above, at 11:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Exhaustion due to heat and prolonged excitement

Date of onset

10 days

Other Contributory Causes of Importance:

Manic Depressive psychosis  
manic type

?

Name of operation ----- Date of -----

What test confirmed diagnosis? ----- Was there an autopsy? -----

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ----- Date of injury -----, 19

Where did injury occur? -----

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury -----

Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mark J. McFerod, M. D.  
(Address) Crownsville, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Anne ArundelVillage or City Camp Parole2 FULL NAME Louise Queen

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female Colored

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

March 1 - 1885

(Month) (Day)

7 AGE

46 yrs.

3 mos.

13 If LESS than  
1 day hrs.  
ds. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

Housewife

9 BIRTHPLACE

(State or country)

Camp Parole, Md

10 NAME OF FATHER

John Chambers

11 BIRTHPLACE OF FATHER

(State or country)

Anne Arundel Co, Md

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER

(State or Country)

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Eugene Queen

(Address)

Camp Parole, Md

15

Filed July 13 1931 J. S. C. Joyce M. Registrar

07919

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 21

56

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

9/12/31, 192

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 4/30/31, 192 to 7/12/31, 192

that I last saw her alive on 7/12/31, 192, and that death occurred on the date stated above, at 2 p.m. The CAUSE OF DEATH \* was as follows:

Acute Rheumatic Fever

(Duration) yrs. mos. 13 ds.

Contributory  
Secondary(Signed) G. T. Maloney M. D.  
7/14/31, 192 (Address) 35 Calvert Street, Baltimore, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Brents Hill

DATE OF BURIAL

July 15, 1931

20 UNDERTAKER

ADDRESS

Oliver Hinkley Jr.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saltzman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE (CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cereospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carrionoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic vascular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthema," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained, as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 4 1931

BUREAU

## MARGIN RESERVED FOR BINDING

RECORD

M  
N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Anne Arundel

Village or City Dorsey (No. 23)

2 FULL NAME William Henry Schneider, Jr.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE white5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)  
Married

6 DATE OF BIRTH

Dec 26, 1916  
(Month) (Day) (Year)

7 AGE

54 yrs. 7 mos. 3 ds. If LESS than  
1 day hrs. or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of workFloat Master(b) General nature of industry  
business, or establishment in  
which employed or (employer)B. & O. R.R.9 BIRTHPLACE  
(State or country)Baltimore City, Md.10 NAME OF  
FATHER  
John Schneider11 BIRTHPLACE  
OF FATHER  
(State or country)Baltimore City, Md.12 MAIDEN NAME  
OF MOTHER  
Katherine Shields13 BIRTHPLACE  
OF MOTHER  
(State or Country)Baltimore City, Md.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Miss Lois Schneider(Address) Dorsey, Md.15 Filed July 30, 1931 1931 Miss Henry Reg.

67921

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 23St. Ward (If death occurred in  
a hospital or institution,  
give its NAME instead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 29, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Jan 28, 1931 to July 29, 1931  
that I last saw him alive on July 29, 1931and that death occurred on the date stated above, at 1:40 P.M.

The CAUSE OF DEATH \* was as follows:

Chronic Pulmonary  
Tuberculosis(Duration) 2 yrs. 6 mos. 0 ds.Contributory  
Secondary  
Myocardialclaudif. (Duration) 3 yrs. 6 mos. 0 ds.(Signed) Dr. B. B. Baumgard M. D.(Date) July 29, 1931 (Address) ElmwoodState the Disease Causing Death, or, in deaths from  
Violent Cause, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)At place of death yrs. mos. ds. In the State yrs. mos. ds.There was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Western Cemetery, Balt. Aug. 1, 1931

20 UNDERTAKER ADDRESS

Bernard A. Fink 174 WashingtonBldg. Balt., Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Houswife, Housework, or At home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Formerly retired 6 yrs.* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary, 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

|   |  |   |                                  |
|---|--|---|----------------------------------|
| 1 PLACE OF DEATH  |  | 17922   |                                  |
| County <u>Anne Arundel</u>  |  | STATE OF MARYLAND   |                                  |
| Village or City <u>Glen Burnie Md.</u>  |  | CERTIFICATE OF DEATH  |                                  |
| 2 FULL NAME <u>Margaret V. Stallings</u>  |  | 46  | Registration Dist. No. <u>23</u> |
| PERSONAL AND STATISTICAL PARTICULARS  |  |   |                                  |
| 3 SEX <u>Female</u>   | 4 COLOR OR RACE <u>White</u>           | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED<br>(Write the word) | <u>Single</u>                    |
| 6 DATE OF BIRTH <u>Oct. 17, 1877</u>  |  | Month   | Day                              |
|   |  | Year  |                                  |
| 7 AGE <u>53 yrs. 9 mos. 6 ds.</u>   | IF LESS than<br>1 day hrs.<br>or min.? |   |                                  |
| 8 OCCUPATION<br>(a) Trade, profession or<br>particular kind of work <u>None</u><br>(b) General nature of industry<br>business, or establishment in<br>which employed or (employer) <u>—</u> |  |   |                                  |
| 9 BIRTHPLACE<br>(State or country) <u>Marys. Md.</u>  |  |   |                                  |
| 10 NAME OF<br>FATHER <u>James F. Stallings</u>  |  |   |                                  |
| 11 BIRTHPLACE<br>OF FATHER<br>(State or country) <u>Anne Arundel Co. Md.</u>  |  |   |                                  |
| 12 MAIDEN NAME<br>OF MOTHER <u>Wheeler</u>  |  |   |                                  |
| 13 BIRTHPLACE<br>OF MOTHER<br>(State or Country) <u>Dorchester Co. Md.</u>  |  |   |                                  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) <u>James F. Stallings</u><br>(Address) <u>—</u>   |  |   |                                  |
| 15 Filed <u>July 26, 1931</u>   |  | 16  | 17                               |

|   |  |                                     |  |
|---|--|-------------------------------------|--|
| MEDICAL CERTIFICATE OF DEATH  |  |                                     |  |
| 16 DATE OF DEATH <u>July 1 (Month) 23 (Day) 1931 (Year)</u>   |  |                                     |  |
| 17 I HEREBY CERTIFY, That I attended the deceased from <u>July 1 (Month) 1931 to July 23 (Day) 1931 (Year)</u> ,<br>that I last saw her alive on <u>July 21, 1931</u> , and that death occurred on the date stated above, at <u>6:15 A.M.</u> .<br>The CAUSE OF DEATH * was as follows: |  |                                     |  |
| <u>Gastric Cancer</u><br>(Duration) <u>and affects the duodenum</u> yrs. mos. ds.<br>Contributory Secondary<br>(Duration) <u>—</u> yrs. mos. ds.<br>(Signed) <u>John F. Alexander</u> M. D.<br><u>July 26, 1931</u> (Address) <u>Glen Burnie</u>  |  |                                     |  |
| *State the disease causing death, or, in deaths from<br>Violent Cause, state (1) Means of Injury and (2) Whether<br>Accidental, Suicidal or Homicidal.  |  |                                     |  |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)<br>At place of death yrs. mos. ds.<br>Where was disease contracted, if not at place of death?<br>Former or usual residence <u>—</u>  |  |                                     |  |
| 19 PLACE OF BURIAL OR REMOVAL <u>Marys.</u>   |  | DATE OF BURIAL <u>July 26, 1931</u> |  |
| 20 UNDERTAKER <u>John F. Smith</u>  |  | ADDRESS <u>369 West St</u>          |  |

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hormaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH (lived 6 yrs). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE (USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia",

RECEIVED

AUG 8 1931

(Recommending on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

E. A. (using death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia",

## STATE OF MARYLAND—CERTIFICATE OF DEATH

17923

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Crownsville State Hospital No. 1

Registration Dist. No. 21

St. 21 Ward

Length of residence in city or town where death occurred 3 yrs. 4 mos. 1 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

David Stark

Harford County, Maryland

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                |                           |   |
|----------------|---------------------------|---|
| 3. SEX<br>male | 4. COLOR OR RACE<br>black | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br>Widowed |
|----------------|---------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of  
Unknown

6. DATE OF BIRTH (month, day, and year) 1865

|              |       |         |      |  |
|--------------|-------|---------|------|--|
| 7. AGE<br>66 | Years | Months  | Days | If LESS than<br>1 day, ____ hrs.<br>or ____ min. |
|              |       | Unknown |      |  |

|  |   |
|--|---|
| 8. Trade, profession, or particular<br>kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc.<br>Laborer |   |
| 9. Industry or business in which<br>work was done, as SILK MILL,<br>SAW MILL, BANK, etc.                     |   |
| 10. Date deceased last worked at<br>this occupation (month and<br>year)                                      | 11. Total time (years)<br>spent in this<br>occupation |

12. BIRTHPLACE (city or town)  
(State or country) Virginia

13. NAME Jack Stark

14. BIRTHPLACE (city or town)  
(State or country) Virginia

15. MAIDEN NAME Frances (Unknown)

16. BIRTHPLACE (city or town)  
(State or country) Virginia17. INFORMANT Hospital Records  
(Address) Crownsville, Maryland18. BURIAL, CREMATION, OR REMOVAL  
Place Hospital Cemetery Date 7/23. 1919. UNDERTAKER Dr. R. P. Winkler, Dept  
(Address) Waterbury and

20. FILED 7/28. 19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 22nd

(Month)

(Day)

1931  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
March 21st, 1931, to July 22nd, 1931.I last saw him alive on July 22nd, 1931; death is said  
to have occurred on the date stated above, at 7:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cerebral hemorrhage

Date of onset  
15 min

Other Contributory Causes of Importance:

General arteriosclerosis

?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *Reed P. Winkler*

(Address) Crownsville, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            | Date of onset |
|------------|---------------|
| Gallstones | May 1, 1923   |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 | Date of onset |
|-----------------|---------------|
| Gastroenteritis | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

07924

## 1. PLACE OF DEATH

County Anne Arundel  
Village or City St. Margarets

Length of residence in city or town where death occurred yrs.

(121) Registration Dist. No. 21

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 15

Daisy Marshall Stinchcomb

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX

Female

### 4. COLOR OR RACE

White

### 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MARRIED

### 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

William Sellman Stinchcomb

### 6. DATE OF BIRTH (month, day, and year)

Dec 20<sup>th</sup> 1867

### 7. AGE

Years

Months

Days

If LESS than  
1 day,      hrs.  
or      min.

63

6

18

### 8. OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

House

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

### 12. BIRTHPLACE (city or town)

(State or country)

Maryland

### 13. MOTHER FATHER

NAME

John H. Marshall

### 14. BIRTHPLACE (city or town)

(State or country)

Maryland

### 15. MATURE NAME

Eliza A. Baldwin

### 16. BIRTHPLACE (city or town)

(State or country)

Maryland

### 17. INFORMANT

John Sellman Stinchcomb  
(Address) Annapolis, P. T. B. Md.

### 18. BURIAL, CREMATION, OR REMOVAL

Place Annold's Md. Date July 9<sup>th</sup> 1931

### 19. UNDERTAKER

Daisy Taylor  
(Address) Annapolis, Md.

### 20. FILED

July 9, 1931 Frank C. Gray Jr. for a Md.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

July 7  
(Month)      (Day)

1931  
(Year)

### 22. I HEREBY CERTIFY

That I attended deceased from June 29, 1931 to July 3, 1931

I last saw her alive on July 1, 1931

to have occurred on the date stated above, at Baltimore, Md.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

June 29, 1931

Other Contributory Causes of importance:

Chronic nephritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wallace H. Hopkins  
(Address) Baltimore, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

82a

07925

## 1. PLACE OF DEATH

County A. A.

Village or City Cedar Park

No.

Registration Dist. No. 21

St.

Ward

Length of residence in city or town where death occurred 7 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Annie C. Talbott,

(a) Residence: No. Cedar Park

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------|------------------|---|
| F      | W                | Widowed   |

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

William H. Talbott,

6. DATE OF BIRTH (month, day, and year) Mar 27 1866

7. AGE Years Months Days If LESS than  
65 3 10 1 day, hrs.  
or min.

|            |   |   |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | House Work                                      |
|            | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |   |
|            | 10. Date deceased last worked at this occupation (month and year)                           | 11. Total time (years) spent in this occupation |
|            |   |   |

12. BIRTHPLACE (city or town)  
(State or country) Talbot Co. Md.,

13. NAME Richard McMahon

14. BIRTHPLACE (city or town)  
(State or country) Scotland

15. MATURE NAME Sarah Davis

16. BIRTHPLACE (city or town)  
(State or country) Unknown17. INFORMANT M. L. Talbott,  
(Address) Cedar Park18. BURIAL, CREMATION, OR REMOVAL  
Place Owingsville, Md. Date July 9, 193119. UNDERTAKER B. L. Hopping,  
(Address) Annapolis, Md.20. FILED July 9, 1931, by Faye L. Joyce, M. D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 7  
(Month) (Day) 1931  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on July 7, 1931, to July 7, 1931; death is said to have occurred on the date stated above, at \_\_\_\_\_, m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral  
Aphency

Date of onset

July 7, 1931

Other Contributory Causes of Importance:

Arterioleclerosis

Obstructive

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 20

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

F. L. Hopping, M. D.  
(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |
|                                |                       |
|                                |                       |

Other contributory causes of importance:

|            |                              |
|------------|------------------------------|
| Gallstones | Date of onset<br>May 1, 1923 |
|            |                              |
|            |                              |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |
|                        |                             |
|                        |                             |

Other contributory causes of importance:

|                 |                         |
|-----------------|-------------------------|
| Gastroenteritis | Date of onset<br>1 year |
|                 |                         |
|                 |                         |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07926

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Cottage Grove Beach

Length of residence in city or town where death occurred yrs.

nd.

Registration Dist. No.

21

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Max Thier

(a) Residence: No. 2626 Oswego ave.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|        |                  |   |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| male   | white            | married   |

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Rebecca Thier

6. DATE OF BIRTH (month, day, and year) May 19 1891

7. AGE Years Months Days If LESS than  
40 2 7 1 day, hrs.  
or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
merchant9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
clothing

10. Date deceased last worked at this occupation (month and year) 7-25-31

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town)  
(State or country) Roumania

13. NAME Louis Thier

14. BIRTHPLACE (city or town)  
(State or country) Roumania

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)  
(State or country) Roumania

17. INFORMANT Adolph Glaser

(Address) 4657 Park Hts. Ave.

18. BURIAL, CREMATION, OR REMOVAL  
Place Rosedale Date 7-27-31, 19

19. UNDERTAKER S. Levinson &amp; Bro.

Baltimore

20. FILED 7-26, 1931 *A. B. B. in t.*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 26th  
(Month) (Day) 1931  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
19 to 19; death is saidI last saw him alive on 19; death is said  
to have occurred on the date stated above, at m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Accidental drowning

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

no

(Signed)

*A. B. B. in t.*  
(Address) *Paradise, Md.*

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |              |
|--------------------------------|--------------|--------------|
| Arteriosclerosis               | BUREAU V. S. | 1915         |
| Chronic interstitial nephritis |              | 1921         |
| Cerebral hemorrhage            |              | July 5, 1927 |
|                                |              |              |
|                                |              |              |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |
|                        |            |
|                        |            |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07927

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Crownsville State Hospital

83

Registration Dist. No.

21

St.

Ward

Length of residence in city or town where death occurred yrs.

16

8

ds.

How long in U.S. if of foreign birth? yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Baltimore City

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|        |                  |   |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| male   | black            | separated   |

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Unknown

6. DATE OF BIRTH (month, day, and year)

1890

|        |       |        |         |  |
|--------|-------|--------|---------|--|
| 7. AGE | Years | Months | Days    | If LESS than<br>1 day,<br>hrs.<br>or<br>min. |
|        | 41    |        | Unknown |  |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Laborer

Date of onset

?

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Unknown

10. Date deceased last worked at this occupation (month and year)

Unknown  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town)  
(State or country)

Maryland

Other Contributory Causes of Importance:

Syphilis

?

MOTHER

13. NAME

Charles Thomas, dead

FATHER

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

15. MAIDEN NAME

Catherine (Unknown)

What test confirmed diagnosis? Laboratory Was there an autopsy? \_\_\_\_\_

?

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

17. INFORMANT

Hospital Records

(Address)

Crownsville, Maryland

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

Place \_\_\_\_\_ Date \_\_\_\_\_

Hospital Cemetery

Date 7/16 - 19

19. UNDERTAKER

(Address)

Wadsworth

20. FILED

7/16 - 19

807

Registrar

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address)

Crownsville, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

**A.** MARGIN RESERVED FOR BINDING  
**B.**—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07928

## 1. PLACE OF DEATH

County A. A.

Village or City Annapolis, Md.

Registration Dist. No. 21

No. Emergency Hospital

St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U.S. if of foreign birth?

yrs. mos.

ds.

## 2. FULL NAME Daniel Tongue, Jr

(a) Residence: No. South River

(Usual place of abode)

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb 25 1913

7. AGE Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

18

4

26

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

A. A. County. Md.

(State or country)

MOTHER

FATHER

13. NAME

Daniel Tongue, Sr

14. BIRTHPLACE (city or town)

A. A. County. Md.

(State or country)

15. MAIDEN NAME

Ella Creek,

16. BIRTHPLACE (city or town)

A. A. County. Md.

(State or country)

17. INFORMANT

Daniel Tongue, Sr

(Address)

South River. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Owingsville, Md. Date July 23, 1931

19. UNDERTAKER

R. I. Hopping,

(Address) Annapolis, Md.

20. FILED

July 23, 1931

J. G. Tongue, Jr. Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 21, 1931  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 15, 1931, to July 21, 1931; death is said  
I last saw him alive on July 21, 1931; death is said  
to have occurred on the date stated above, at 7:59 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:General peritonitis Date of onset  
May 15, 1931

Other Contributory causes of importance:

Appendiceal abscess

Name of operation Appendectomy Date of 5/15/31

What test confirmed diagnosis Appendectomy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?

Specify city or town, county and State

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

J. Willis Martin M. D.  
Annapolis, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I RECEIVED

The principal cause of death and related causes of importance were as follows:

|                                |            |               |              |
|--------------------------------|------------|---------------|--------------|
| Arteriosclerosis               | AUG 6 1931 | Date of onset | 1915         |
| Chronic interstitial nephritis | BUREAU V.  | S.            | 1921         |
| Cerebral hemorrhage            |            |               | July 5, 1927 |
|                                |            |               |              |
|                                |            |               |              |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |
|            |             |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |            |
|------------------------|---------------|------------|
| Attack of epilepsy     | Date of onset | 1 week ago |
| Run over by street car |               | 1 week ago |
| Peritonitis            |               | 3 days ago |
|                        |               |            |
|                        |               |            |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STATE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County *a a*Village or City *Annapolis*(No. *Emergency Hospital*)2 FULL NAME *Infant Walker*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*4 COLOR OR RACE *W*5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) *single*6 DATE OF BIRTH *July 2*(Month) (Day) (Year) *1931*7 AGE *She's Born*If LESS than  
1 day hrs.  
yrs. mos. ds. or min.?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer) *None*

9 BIRTHPLACE  
(State or country)*Annapolis and*

## 10 NAME OF FATHER

*Bernard Walker*

## 11 BIRTHPLACE OF FATHER

(State or country)

*Prince Geo. Co. Md*

## 12 MAIDEN NAME OF MOTHER

*Helia Townsend*

## 13 BIRTHPLACE OF MOTHER

(State or Country)

*Waukesha, Wisc*

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Bernard Walker*(Address) *Waukesha, Wisc*15 Filed *July 3 1923*

Fay C. Joy &amp; Co.

Registrar

07929

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *21*St. *Ward* (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 2 1931*

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192 to 192  
that I last saw him alive on July 2, 1931,

and that death occurred on the date stated above, at

The CAUSE OF DEATH \* was as follows:

*Still Birth  
Premature  
Placenta*

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) *Walton H. Hopkins* M.D.(Address) *Annapolis, Md*State the Disease Causing Death, or, in deaths from  
Violent Cause, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

*Annapolis, Md*DATE OF BURIAL *July 3 1931*

## 20 UNDERTAKER

*B. J. Hopping*ADDRESS *Annapolis, Md*

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus, *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary; or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. Folk VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

**N.B.** Every item of information should be carefully supplied. **ACE** should be stated **EXACTLY**, **PHYSICALS** should state **CAUSE OF DEATH** in plain terms so that it may be properly classified. **Exact statement of OCCUPATION is very important. See instructions on back of certificate.**

## 1 PLACE OF DEATH

County Anne Arundel

Village or City Sedley (No. ....)

## 2 FULL NAME

Adelle Watkins

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 20

St.  Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(119)

67536

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX f

4 COLOR OR RACE S

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

Nov 8, 1930  
(Month) (Day) (Year)

7 AGE

yrs. 8 mos. 9 If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work None  
(b) General nature of industry business, or establishment in which employed or (employer) ,

9 BIRTHPLACE  
(State or country)

Maryland

10 NAME OF FATHER

John Joshua Watkins

11 BIRTHPLACE OF FATHER  
(State or country)

Maryland

12 MAIDEN NAME OF MOTHER

Minnie Lester

13 BIRTHPLACE OF MOTHER  
(State or Country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Sedley, Md.

15 Filed July 18, 1931 M. Clayton  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 17, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
192 ... to ... 192 ...,

that I last saw h ... alive on ... 192 ..., and that death occurred on the date stated above, at ... m.

The CAUSE OF DEATH \* was as follows:

no physician attended  
the child -  
supposed to have had  
Cholera infantorum (Duration) mos. (Age) days.

Contributory  
Secondary

(Signed) M. Clayton (Duration) mos. (Age) days. M. D.

(Address) 192 (Address) W. Clayton (Age) days.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Woodlawn Cemetery DATE OF BURIAL 7/18, 1931

20 UNDERTAKER

J. G. Hardisty ADDRESS Calverville

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Innition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07931

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County *Annapolis*Village or City *Annapolis*Length of residence in city or town where death occurred *25* yrs.No. *Emergency Hospital* St., Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. *8 Jefferson*

(Usual place of abode)

St. *3* Ward.Registration Dist. No. *2*

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M*4. COLOR OR RACE *W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*widowed*

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of*Unknown*

6. DATE OF BIRTH (month, day, and year)

7. AGE *75* Years *0* Months *0* Days *0* If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.*Unknown 1856*

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) *July 12 1931* 11. Total time (years) spent in this occupation *14*

*wood seller*

12. BIRTHPLACE (city or town)

(State or country)

13. NAME *Pichael Ward*

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME *Elizabeth Whiting*

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT *Walter Ward*(Address) *Annapolis Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Edwards Chapel* Date *Aug 2 1931*19. UNDERTAKER *B. L. Hopkins*(Address) *Annapolis Md*20. FILED *Aug 2 1931* F. G. C. J. W. M. D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *July 30*

(Month)

*30*

(Day)

*1931*

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Last saw him alive on *July 30 1931* to *July 30 1931*; death is saidto have occurred on the date stated above, at *7 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Intra capsular fracture of neck 1st humerus*

Date of onset

*July 10 1931*

Other Contributory Causes of importance:

*Exhaustion and excessive heat*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *July 10 1931*Where did injury occur? *Annapolis, Maryland*

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  
*Wagon struck by auto knocking him from wagon to street*

Manner of injury

Nature of injury *Fracture of left hip*24. Was disease or injury in any way related to occupation of deceased? *yes*If so, specify *Driving wood wagon*(Signed) *Walter L. Hopkins*

M. D.

(Address) *Annapolis Md*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |            |              |
|--------------------------------|------------|--------------|
| Arteriosclerosis               | AUG 8 1931 | 1915         |
| Chronic interstitial nephritis | BUREAU V.  | 1921         |
| Cerebral hemorrhage            |            | July 5, 1927 |
|                                |            |              |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |
|                        |            |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

67932

## 1. PLACE OF DEATH

County Anne Arundel  
Village or City Edgewater

82-a

Registration Dist. No. 22

St.

Ward

Length of residence in city or town where death occurred

yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. — mos. — ds.

## 2. FULL NAME

(a) Residence: No. Edgewater Md

No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Singler (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE 66 Years 6 Months 7 Days 1 If LESS than  
1 day, — hrs.  
or — min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)13. NAME Nathaniel P. Watts14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Charlotte B. Anderson16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT John A. Watts  
(Address) Edgewater Md18. BURIAL, CREMATION, OR REMOVAL  
Place Edgewater Date July 22, 193119. UNDERTAKER John Redder & Sons  
(Address) Baltimore Md20. FILED July 24, 1931 N. L. Jones  
(Address) Dept Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July

23

1931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from Apr. 1, 1931 to July 22, 1931I last saw him alive on July 22, 1931to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage  
sudden death while sitting  
on beach in his door yard

Date of onset

7/22/31

Other Contributory Causes of importance:

Arterio-sclerosis 1925Name of operation none Date of —

Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —Nature of Injury —24. Was disease or injury in any way related to occupation of deceased? noIf so, specify —John M. Clancy  
(Address) Edgewater Md

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

07933

## MARGIN RESERVED FOR BINDING

**N.B.—** WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County *Anne Arundel*  
Village or City *Annapolis*

131

Registration Dist. No. *21*

Length of residence in city or town where death occurred

Yrs.

mos.

ds.

How long in U. S. if of foreign birth?

Yrs.

mos.

St.

Ward

2. FULL NAME *Martha Wilkerson*

(a) Residence: No. *16 Monument*  
(Usual place of abode)

St. *4th* Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                      |                                 |  |
|----------------------|---------------------------------|--|
| 3. SEX <i>Female</i> | 4. COLOR OR RACE <i>Colored</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write no word) <i>yellow</i> |
|----------------------|---------------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OF*Mr. H. Wilkerson*6. DATE OF BIRTH (month, day, and year) *Sept. 25 1868*

|                        |                  |                |  |
|------------------------|------------------|----------------|--|
| 7. AGE <i>66</i> Years | Months <i>10</i> | Days <i>21</i> | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|------------------------|------------------|----------------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. *Domestic*

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) *West River Ind.*13. NAME *Charlie Johnson*14. BIRTHPLACE (city or town)  
(State or country) *A. A. Co.*15. MAIDEN NAME *Mary Johnson*16. BIRTHPLACE (city or town)  
(State or country) *A. A. Co.*17. INFORMANT *Eliza S. Galloway*  
(Address) *14 Monument St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Annapolis Neck* Date *July 30, 1934*19. UNDERTAKER *J. B. Johnson*  
(Address) *16. May St.*20. FILED *July 30, 1934* Style C. J. C. and  
Registrar *J. C. J. C. and*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *July 27*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from *July 15*, 1934 to *July 27*, 1934. Last seen *alive on July 27, 1934*; death is said to have occurred on the date stated above, at *12 noon*. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Myocardial Insufficiency* *Unknown*  
Date of onset

Other Contributory Causes of importance:

*Chronic Nephritis* *Unknown*

Name of operation *None* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *J. C. J. C. and* M. D.  
(Address) *Annapolis Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED                       |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | AUG 9 1921   |
| Cerebral hemorrhage            | July 5, 1927 |
| BUREAU OF                      |              |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN